

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000049866

FILED  
Feb 17, 2010  
Secretary of State

**Entity Name:** UNIVERSITY PEDIATRICS CENTER, INC.

**Current Principal Place of Business:**

2301 N. UNIVERSITY DR STE 107  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

2301 N. UNIVERSITY DR STE 107  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

FEI Number: 65-0591359

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRILLANTE, JACINTHA  
2301 N. UNIVERSITY DR., SUITE 107  
PEMBROKE PINES, FL 33024 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: BRILLANTE, JACINTHA  
Address: 2301 N. UNIVERSITY DR., STE.107  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VPD  
Name: BRILLANTE, JACINTHA  
Address: 2301 N. UNIVERSITY DR., STE.107  
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JACINTHA BRILLANTE

PST

02/17/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date